2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N12626

Entity Name: IMMOKALEE NON-PROFIT HOUSING, INC.

Current Principal Place of Business:

2449 SANDERS PINES CIR.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

2449 SANDERS PINES CIRCLE
IMMOKALEE, FL 34142 US

New Mailing Address:

900 BROAD AVENUE SOUTH
UNIT 2C
NAPLES, FL 34102 US

FEI Number: 59-2716833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUEHNER, CARL J
900 BROAD AVE S, #2C
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	TEAFORD, STEPHEN ESQ.	
Address:	1323 SPYGLASS LANE	
City-St-Zip:	NAPLES, FL 34102	
Title:	VC	( ) Delete
Name:	PARKER, ALAN	
Address:	741A THIRD ST S	
City-St-Zip:	NAPLES, FL 34102	
Title:	T	( ) Delete
Name:	PROTO, FRANK	
Address:	2125 SNOOK DR	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	LANCASTER, HARRIET	
Address:	3394 CERRITO CT	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	KUEHNER, CARL J	
Address:	900 BROAD AVE S #2C	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL J. KUEHNER D 03/18/2008

Electronic Signature of Signing Officer or Director — Date